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## \*BIBDATASHEET\*

CONFIRMATION NO. 5071

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/036,918	<b>FILING OR 371(c) DATE</b> 12/21/2001 <b>RULE</b>	<b>CLASS</b> 530 1324	<b>GROUP ART UNIT</b> 1653	<b>ATTORNEY DOCKET NO.</b> 717816.3
<b>APPLICANTS</b> Ananthachari Srinivasan, St. Charles, MO; Jack L. Erion, St. Charles, MO; Michelle A. Schmidt, Belleville, IL; <i>AM</i>				
<b>** CONTINUING DATA *****</b> This application is a CON of PCT/US00/17509 06/22/2000 which claims benefit of 60/140,913 06/24/1999 and claims benefit of 60/213,068 06/21/2000				
<b>** FOREIGN APPLICATIONS *****</b> <i>Below</i>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Abdel A Mohamed Ali</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MO	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 22 <b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 27128				
<b>TITLE</b> LABELED NEUROTENSIN DERIVATIVES				
<b>FILING FEE RECEIVED</b> 453	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	